



## MEDIATING ROLE OF PSYCHO SOCIAL INTERVENTION PROGRAM (PSIP) ON STRENGTHENING THE SELF-EFFICACY OF THE CHILDREN OF MIGRANT WORKERS

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### **ABSTRACT**

*Self-efficacy plays vital role in the psychological and social aspects of human life. Development of self-efficacy during child hood can predict their future. Therefore, it is very essential to enhance and sustain self-efficacy in children through various programs. The purpose of this study was to assess the level of self-efficacy of the children of migrant workers residing at Ghaziabad district and the role of psycho social intervention on enhancing their self-efficacy. Self-efficacy scale consists of four subscales such as Self-confidence, Efficacy expectation; Positive attitude and Outcome expectation were used to assess the self-efficacy of the participants of this study. The psycho social intervention program was developed based on the psycho social theory, self-efficacy theory, four dimensions of self-efficacy and cultural background of the respondents. The psycho social intervention was conducted among 301 children of migrant workers residing at Ghaziabad district of Uttar Pradesh state, India. In order to assess the self-efficacy of the respondents the researcher has taken pre-test, post - tests method. The active participation and positive response from the respondents to the intervention program made positive changes in their self-efficacy level.*

**KEYWORDS:** Children, Migrant Workers, Self-Efficacy, Mediating Role, Psycho Social Intervention Program

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### **INTRODUCTION**

Psycho social competence plays a vital role in our day today life and it is very essential at the crucial time of migration since it strengthens the person's ability to deal effectively with all the challenges at the time of migration. Migration plays vital role in the psycho social aspects of human life.

Migrant children are more likely than native children to face circumstances, such as low family income, poor parental education, cultural and language barriers, etc that place them at risk of developmental delay and poor academic performance once they enter school (Tienda. M and Haskins.R,2011). All these crises may negatively affect the level of their confidence and beliefs about their abilities which may lead to low self-efficacy. Self-efficacy has very significant role in the children while adjusting with new culture and place during migration. Therefore, children of migrant workers are in need of developing cultural self-efficacy to adjust and adapt with the different cultures since they move from their native place to other places (Mera- Lemp, M. J et al.2020). Since migration is a stressful and challenging life transition that may cause for various problems related to their social adjustment, well-being and mental health. However, strong self-efficacy beliefs can help them to improve their mental health and quality of life (Urzúa, A et al. (2021), Rogala, A., et

al.2020). According to Bandura, A (1997) the changes in the beliefs of personal efficacy might be expected for young migrants when faced with dramatic shifts in their living conditions. Within this stressful transitional adaptation to the new social living conditions, self-efficacy can function as a personal resource protecting against deleterious experiences, negative emotions, and health impairment. Bandura, A (1997) also pointed out that sometimes perceived self-efficacy itself can undergo changes as a result of cumulative experiences in coping with complex demands in the new environment.

### **Self-Efficacy: Concept and Role**

Self-efficacy refers to specific beliefs aimed at exercising control over the events through self-regulation (Barbaranelli, C., et al.2019). Self-efficacy also is a task specified judgement of one's own capabilities (Peura, P et al. (2021)). Self-efficacy can be defined as the belief we have in our own abilities, specifically our ability to meet the challenges and complete a task successfully. According to Albert Bandura self-efficacy refers to an individual's belief in his or her capacity to execute behaviours necessary to produce specific performance attainments (Bandura, 1977,1997).Mastery experiences, Vicarious experience, social persuasion, and Physiological and emotional states are the major sources of self-efficacy. Self-efficacy reflects confidence in the ability to exert control over one's own motivation, behaviour, and social environment.

Self-efficacy act as a stress moderator as well as it plays a vital role in life satisfaction (Unni, K.M., et al.2019). Hooda, M and Saini, A. (2019) says that self-efficacy means to have belief in one's capacity to succeed in certain circumstances or accomplish a goal or an objective. The thought of self-efficacy has a significant role to play in how a person approaches tasks, objectives and challenges. Bandura, A. (1994) indicated in his study that a strong sense of efficacy enhances human accomplishment and personal well-being in many ways. People with high assurance in their capabilities approach difficult tasks as challenges to be mastered rather than as threats to be avoided. People those who are highly efficacious will act, think, and feel differently from those who perceive themselves and they produce their future, rather than simply foretell it. Therefore, self-efficacy plays a vital role in individuals' thinking modes, their decision-making, the quality of their encounter with problems, their depression and anxiety status and so on (Maddux, 2002).

Migration has major impact on the life of the children of migrant workers in various ways such as depression, anxiety, feeling of missed out bad friendships, demotivation, no zeal to achieve any goal in life etc. (Yue, Z et al 2020, Anita, K. et al., 2020). It also affects their self-esteem, self-efficacy, and self-worth (Bondy, J. M., et al.2017). Challenges due to migration can negatively affect the self-efficacy of the migrant parents. The poor personal self-efficacy of the migrant parents also can contribute poor cognitive competences to their children. The parental personal self-efficacy and their children's poor cognitive competence can cause poor self-efficacy among the children of migrants (Liu, T., et al. 2020).Self-efficacy begins to develop in very young children. Once self-efficacy is developed, it does not remain constant but it can change and grow as an individual has different experiences throughout his or her lifetime. It is possible to rebuild the self-efficacy of the children of migrants through various supportive programs and this self-efficacy can play a causal role in promoting positive affect (Tip, L.K., et al. 2020).Self-efficacy in children help to improve their level of confidence and the faith that they can accomplish certain things (Bondy, J. M., et al.2017).Therefore, strengthening the self-efficacy of the migrant workers' children are very essential as the part of empowering them.

### **Children of Migrant Workers in India**

Migration of people from one place to other in search of livelihood has occurred all through history. Migrant workers and their children are the most vulnerable population in India (Khanna A,2020).Children of migrant workers are a fast-growing population in urban areas as the consequences of the huge population flow from rural to urban areas and the population

growth has been especially drastic in recent years as the pattern of migration switches from personal migration to family resettlement.

Most of the migrant workers in India are landless and daily wagers as well as they are the most vulnerable population. Even though they are the vulnerable and forgotten group, they form a crucial part of India's economy. According to the Indian government's 2016-17 Economical survey, internal migrants make up about 20 percent of the workforce and they contribute an estimated 10 percent of India's economic output (Tish, S. 2020).

Childhood is the time for children to be in school and play, to grow strong and confident with the love and encouragement of their family and an extended community of caring adults. It is a precious time in which children should live free from fear, safe from violence and protected from abuse and exploitation. As such, childhood means much more than just the space between birth and attainment of adulthood. It refers to the state and condition of a child's life, to the quality of those years which preparing towards a quality of life ahead.

Children are one of the most marginalized sections of the society. In Indian perspective children are commonly divided in to two category, small children and big children. Small children are those who come under the period of early childhood within the age range of below the age of 13 and characterized by complete immaturity in cognitive, emotional and social domains as well as they are seen as dependents. The second category children are bet ween the age range of 13-18 under the period of late childhood. The second groups are good listeners, having an emergence of cognitive maturity in terms of analytical and reflective abilities, and some ability to discriminate between good and bad, as well as this age were extra-susceptible and vulnerable to negative influence from the environment.

Children of migrant workers can be commonly divided in to two categories, that are: children accompanying families and children left behind at home while the parents go out as migrant workers. The children those who are accompanying families are treated as outsiders, discriminated, live as unlawful citizens who lack any official documents, and bereft of required papers. Access to basic goods and services is at a premium in black market economy for the migrant workers and this affects the entitlements of their children (PreetiMaan.,2012). Children who have been left behind, remain either with their mother in cases where only the father has migrated or with the aged extended family members or are admitted into hostels, residential schools or childcare institutions with no guarantee on the quality of care and education they access. Sometimes they are left behind to head the household and arrangements for their provisions are made with the local shop, who settles the account once both the parents return. According to Démurger, S. (2015) children those who left behind face negative consequences due to their parents' absence that the parental migration increases the probability of a child's dropping out of school and delayed school progression and has a negative impact on children's school performance as well as future life. As per the census 2011, there are 455.78 million migrants in India. A study conducted by Young Lives India (2020) for UNICEF revealed that the total population of migrant children has increased from 44.35 to 92.95 million between the census 1991to 2011. In 2011, one in every five internal migrants was a child.

The disparities between the children of migrant workers and children of non-migrant workers have been rising at an alarming state. Moving from one place to other give them a life of uncertainty which may negatively affects their self-efficacy. Most of the migrant children are missing their childhood and rights. There is very big gap exists between children of migrant workers and non- migrant children in urban areas in terms of socio, economic, emotional and educational status due to the unavailability of proper living condition for children of migrant workers. Poverty, language, and cultural

differences add to the challenges posed by mobility. Mobility makes it harder to receive the academic, social, psychological, and emotional adult support which are essential need of children. All these challenges can affect the self-efficacy level and quality of the life of the children of migrant workers. Therefore, they are in need of proper training and support to enhance their self-efficacy.

### **Psycho Social Intervention and its Effectiveness**

Psycho social intervention plays vital role in various fields. It has the ability in mainstreaming all the programs (Horn. R., et al. (2016). Psycho social intervention program is not a single program but, it is the combination of various programs and therapies which are related to psychological and social aspects. Cognitive behavioural therapy, physical exercises, therapeutic music and videos, self-coping strategies, social skill integrating programs, art therapy, etc. are some of the examples of therapies and programs which come under psycho social intervention program (Coughtrey, A., et al.2018). Psycho social intervention can not only reduce the anxiety but also that can increase self-efficacy (Samuel T. S & Warner.2021). Thus, by enhancing self-efficacy with the support of psycho social intervention can improve the quality of life (Jafari, Y., et al. 2020., Jacobs, J.M., et al. 2020).

Migration brings about drastic changes in the life of migrant workers and their children which may cause psychological and social consequences and problems related to physical and mental health. Therefore psycho social intervention programs and therapies can be offered to migrant workers and their children to develop better sense of understanding of mental health problems and the risk factors associated with the same (Bozda F., & Bilge, F. 2019). Psycho social intervention can act as a strong possible predictor of self-efficacy in parenting, especially at that time when families find it difficult to adapt to the cultural changes in the new place (Boruszak - Kiziukiewicz, J., & Kmita, G.2020). The psycho-social intervention can be carried out for the people those who are suffering from any type of psycho-social disabilities related to psychological distress due to migration, exile, natural disaster, poverty, homelessness, breakdown of family or social relationships, and unemployment.

The psycho social intervention program can strengthen the psychological and social factors of life which may help to face the challenges of life (Toledano, T. F., et al.2021). Various studies indicated that individualized psycho-social interventions have potential to reduce distress, agitation, behavioural issues etc. and increase quality of life (Watchman, K., et al.2021, Cozzolino, M., et al.2021, Teahan. Á., et al.2020). Baumel, A., et al. (2021) also indicated that psycho social intervention is very effective in children with behavioural problems. Psycho social interventions are associated with positive changes in immune system function and decrease harmful immune system(Shields G.S., et al.2020). All these studies indicate that psycho social intervention is not only effective in psychological and social aspects but it is effective in physical aspects (Coughtrey, A et al. 2018).

Children of migrant workers between the age of 13 to 17 is the population of this research study which gives importance to the fifth stage of psycho social development known as Identity Vs, Confusion. The main task for this age group of this children is to develop a sense of self. In this stage they face the question of “who am I?” and “what do I want to do with my life”? Children who are successful at this stage may have a strong sense of identity and will be able to strengthen their beliefs and values while facing problems in their life. In other words, they will be able to contribute something better for the betterment of the society through their valuable life and identity. But children who failure at this stage make a weak sense of self and confused about their future. This confusion and weak sense of self can decrease their self-efficacy and makes them unable to face the challenges of life.

The psycho social intervention programme focused on how social interaction and relationship play vital role in the development and growth of human being. The children between the age of 13 to 17 are in need of getting proper encouragement and reinforcement to make a strong sense of self and feelings of independence and control which makes them self-efficacious. Thus, Psycho social intervention program prepared with the help of psychosocial theory, self-efficacy theory and social cognitive theory was selected for this particular group of children to strengthen their self-efficacy by fixing their personal identity and goal of life. Psycho social intervention program helps them to shape their identity through various training experiences, and interaction with others. This identity helps to guide their actions, beliefs and behaviour.

## **Participants**

Three hundred and one children of migrant workers residing at various places of Ghaziabad district and receiving educational benefit from St. Francis school, Indirapuram and Samudhayika School, Khora colony in Ghaziabad district of Uttar Pradesh, India were the participants for this study. The respondents were from the age category of between 13 years to 16 years. All the participants were from economically poor family, residing in urban area as well as majority of them were having more than five members at home. The participants were willingly volunteered to participate in the research study.

## **Instruments**

### **Self-Efficacy Scale**

An Indian scale known as Self-Efficacy Scale (SES) developed based on the Indian culture by Dr. Arun Kumar Singh and Dr. Shruti Narain (2014) was used to assess the self-efficacy. It is a Likert-type scale having 5 response options where 5 stands for 'strongly agree', 4 for 'agree', 3 for 'neutral', 2 for 'disagree' and 1 for 'strongly disagree'. The response of the subjects on each item was scored and a total score was obtained. Then obtained total scores were arranged from the highest level in decreasing order to their lowest level and the median value was obtained from it. The scale measures 4 dimensions of self-efficacy such as self-confidence (1,2,3,4,5), efficacy expectation (6,7,8,9,10), positive attitude (11,12,13,14,15), and outcome expectation (16,17,18,19,20). The self-efficacy scale aimed to assess the level of belief in one's ability or competency to perform a task, reach a goal or overcome an obstacle of persons in the age range of 12 years and above. It is a standard questionnaire having a reliability of 0.82 and validity of 0.92. It consists of 20 items such as 16 positive items and 4 negative items.

## **Procedure**

The researcher developed a comprehensive training manual for psycho-social intervention programme to train the children of migrant workers. Each module consists of instructional content, methods of training, resource materials required for training, duration of the sessions, learning objectives and outcomes. The training manual is a book of instructions of the training programme on a specific subject. The prepared frame work was circulated among the experts as well as received corrections and approval from the guide of the researcher. The prepared manual was in English. Thus, again the researcher handed over this manual to the Hindi language experts to translate the manual from English to Hindi. The manual was divided into 5 modules and 36 sessions. The modules are connected with other which consists of instructional content, methods of training, resource materials required for training, duration of the sessions, learning objectives and outcomes. The researcher has pilot tested this intervention program in 65 children of migrant workers by giving 10 days of intervention program. The result of the pilot test given positive sign and recommended to test among the large group.

Children from the migrant families residing at various clusters like Khora, Abhaikand, Shakthi and, Nyayakand, Makkanpur, Indirapuram etc. which comes under Ghaziabad district and connected to the specified voluntary organisations (Samudhayik School, and St. Francis School) were selected for this study. The researcher received permission from the school authorities to conduct the study among children of migrant workers those who are studying in that school. The consent was obtained from the in charges of the institutions based on the understanding that the researcher would take full responsibility, that no harm would be caused to the participants and that the data obtained from the respondents would be strictly used for the research purpose.

Stratified random sampling was chosen by the researcher as the method of Sampling. This sample representing a large number of the children of migrant workers residing at Ghaziabad district of Uttar Pradesh. Stratified random sampling was chosen to give possibility for the researcher to interact and involve with the sample, to compare strata, as well as make more valid inferences from the sample to the population. The researcher explained to the participants about self-efficacy, its importance, psycho social intervention program and its benefits etc. The researcher also shared with them the guidelines about the intervention program. The participants were requested to sign an informed consent form after which the purpose of the study was explained to them. The researcher also given them assurance about the confidentiality of the information they would provide. The participants were then administered Self-Efficacy Scale (SES) to measure the self-efficacy before the intervention and after the intervention. The duration of the intervention program was six months.

## **RESULT OF THE STUDY**

The researcher gave intervention to the migrant children for 4 months and after those the self-efficacy levels were measured and again after a gap of two months the scale was administered as a follow up measure to see the sustainability of the intervention.

Table 1 displays the self-efficacy before the intervention of the research participants. Self-efficacy scale had 20 items consisting of factors self-confidence, efficacy expectation, positive attitude, outcome expectation. From the table it can be seen that majority of the research participants that is 65.1 per cent had poor self-efficacy and 34.9 per cent had average self-efficacy. The self-efficacy was categorised based on the ranking system provided in the scale that is 73 or less- poor self-efficacy. 74-84 points is average self-efficacy, 85 and above high self-efficacy.

Table 2 displays the self-efficacy after the intervention of the research participants. From the table it can be seen that majority that is 56.8 per cent had average self-efficacy, followed by 30.9 per cent had high self-efficacy and a small proportion that is 12.3 per cent had poor self-efficacy.

Table 3 displays the self-efficacy of the research participants during the follow up after the intervention. From the table it can be seen that majority that is 58.5 per cent had average self-efficacy, followed by 28.2 per cent had high self-efficacy and a small proportion that is 13.3 per cent had poor self-efficacy.

The researcher gave intervention to the migrant children for 4 months and after those the self-efficacy levels were measured and again after a gap of two months the scale was administered as a follow up measure to see the sustainability of the intervention.

Table 4 and 5 displays the results of one sample ‘t’ test. From table 4 it can be noticed that the self-efficacy average score of the migrant children after the intervention was 82 points on the self-efficacy scale, with a standard deviation of 7 points. Table 5 displays the results of the statistical test conducted. It can be noticed from the table that p

<.05, that is .000 for first post intervention and 2<sup>nd</sup> post intervention score. Since p = .000, it can be said that there is significant mean difference in the mean score of pre- and post-intervention. Therefore, the result clearly proved that there is statistically significant growth in the self-efficacy levels of the migrant children after the intervention. From this it can be concluded that the intervention given by the researcher was effective and sustainable. There was improvement in the self-efficacy levels of the migrant children. During the pre-intervention the migrant children had poor self-efficacy level and after the intervention they had average as well as good self-efficacy level. Thus, the follow up test also revealed the sustainability of the effects of psycho social intervention on self-efficacy.

Table 6 displays the descriptive analysis of self-efficacy. From the Table it can be seen that before the intervention the research participants scored average score of 70, with standard deviation of 5.6. The minimum score earned on the scale was 49 and maximum was 84. After the intervention during the first post scale administration the average score was 82 with standard deviation of 7. The minimum score earned on the scale was 49 and the maximum was 98. This signifies a change in the self-efficacy of the research participants after the intervention. It can be inferred that there was improvement in the self-efficacy of the research participants due to the intervention given by the researcher.

Figure 1 displays the self-efficacy levels of the pre- and post-intervention. From the graph it can be seen that average self-efficacy during pre-intervention was 70.6 and during the post intervention 1 and post intervention 2 there was a gradual increase.

2SD method to determine the effectiveness of the intervention

Mean + 2sd and Mean – 2sd is the range

$$SD = 5.66941, 2SD = 11.33882$$

Mean 70.6478

$$\text{Range} = \text{Mean} + 2\text{sd} - \text{Mean} - 2\text{sd}$$

Range = 59 is lower range and 82 is upper range

In the present case upper case is taken into consideration since the intervention is expected to increase the self-efficacy. From the graph it can be seen that the post intervention scores are near to the upper range, therefore it can be concluded that the intervention was effective and also sustainable.

The six months long intervention caused statistically significant change in the level of self-efficacy which indicating that Psycho social intervention program (PSIP) had a positive impact on the self-efficacy level of the participants. The result of this study indicates that PSIP can be recommended as an intervention which can apply in large group to improve self-efficacy.

The participants of the intervention program were very cooperative and the researcher got very positive response from them. According to them, the intervention program could change their perception about their life. They became very motivated and developed a strong sense of belief about their ability and thus they could find out a proper goal about their life as well as they got power and courage to face the challenges. According to them the challenges they face can turn to golden chances to win success in the future. The participants of this program also pointed out that this intervention program helped them to develop a socially and psychologically healthy personality. The participants also added the point that they got insight from this intervention program that if they face the challenges with will power and strong sense of

belief about their ability, then no one can defeat them as well as they can empower their family and community by their own efforts and hard work.

**Table 1: Result of Pre-Test Self-Efficacy**

Category	Frequency	Percent
poor self-efficacy	196	65.1
average self-efficacy	105	34.9
<b>Total</b>	<b>301</b>	<b>100.0</b>

**Table 2: Self-Efficacy Post Intervention 1**

Category	Frequency	Percent
Poor self-efficacy	37	12.3
Average self-efficacy	171	56.8
High self-efficacy	93	30.9
<b>Total</b>	<b>301</b>	<b>100.0</b>

**Table 3: Self-Efficacy Post Intervention 2**

Category	Frequency	Percent
Poor self-efficacy	40	13.3
Average self-efficacy	176	58.5
High self-efficacy	85	28.2
<b>Total</b>	<b>301</b>	<b>100.0</b>

**Table 4: One Sample 't' Test to See the Growth in Self**

One-Sample Statistics				
	N	Mean	Std. Deviation	Std. Error Mean
self-efficacy po-1 total	301	81.8970	6.98518	.40262
po2se_t	301	81.6013	7.13166	.41106

**Table 5: One-Sample Test**

	Test Value = 70.6					
	T	df	Sig. (2-tailed)	Mean Difference	95 % Confidence Interval of the Difference	
					Lower	Upper
self-efficacy po-1 total	28.059	300	.000	11.29701	10.5047	12.0893
po2se_t	26.763	300	.000	11.00133	10.1924	11.8103

**Table 6: Descriptive Statistics of Self-Efficacy**

Self-Efficacy Measure	Minimum	Maximum	Mean	Std. Deviation	Variance
Pre intervention	49.00	84.00	70.6478	5.66941	32.142
Post intervention 1	49.00	98.00	81.8970	6.98518	48.793
Post intervention 2	49.00	98.00	81.6013	7.13166	50.861



**Figure 1**

## DISCUSSIONS

The main intention of developing psycho social intervention was to help the children of migrant workers to strengthen their self-efficacy. The psycho social intervention program was earlier pilot tested in small group and the result was positive. Therefore, this program was trying to apply in a large group. The 6 months program was given to 301 children of migrant workers residing in Ghaziabad district of Uttar Pradesh and the result of this study brought out a strong implication that the psycho social intervention program developed by the researcher is a high effective tool for strengthening self-efficacy of the children of migrant workers as well as it is very effective for a large group of participants. Self-efficacy is one of the unavoidable factors in human life and also it plays a vital role in determining the quality of life (Barakat, A et al.2021). Therefore, as the part of empowering the children of migrant workers also known as the disadvantaged and the forgotten group among the population, should be trained and motivated to strengthen their self-efficacy in order to face the challenges of life and improve the quality of life.

The results in Table 1 (Pre-test of the Self-efficacy) show that the self-efficacy level of the children of migrant workers in Ghaziabad district was very poor. But the second table (1<sup>st</sup> post-test) after giving four months long psycho social intervention program (PSIP) could make big changes in the level of the self-efficacy of the participants, that is, majority of the participants could come out from the level of poor self-efficacy to high self-efficacy as well as average self-efficacy. Again table-3(2<sup>nd</sup> post-test, after two months) also indicated that there is not much changes happened in the self-efficacy level of the participants compared to the first post test. The six months long psychosocial intervention program (PSIP) brought statistically significant change in the level of self-efficacy among the participants. This indicated that the PSIP has good impact on the life of the children of migrant workers and it is an effective program to enhance their self-efficacy. All the pre – and post tests revealed the fact that the psycho social intervention given by the researcher was very effective to enhance the self-efficacy of the children of migrant workers. This also reveal that it cannot only useful for the children of migrant workers but it can also effectively work on all other underprivileged children to enhance their self-efficacy and thus improve the quality of their life. The post- tests also indicated that the self-efficacy level of the participants was sustainable. The sustainability of the self-efficacy level of the participants highlighting the effectiveness of psycho social intervention program. Thus, the result of the study was clearly revealing the fact that the psycho social intervention program (PSIP) has a mediating role in strengthening the self-efficacy. Therefore, the study suggests that as the part of empowering the children of migrant workers and other disadvantaged group of children first and foremost we need to strengthen their self- efficacy through various intervention programs like, psycho social intervention programs.

## CONCLUSIONS

The six-month intervention program was designed as a group activity with the support of the dimensions of self-efficacy, Self-efficacy theory, cognitive theory and psycho social theory. Participants of this program were very cooperative as well as were actively participated in this program. The researcher was limited the study by selecting only the children of migrant workers those who accompanied with their parents even though there are children of migrant workers those who left behind at home. This was the limitations of this present study. Therefore, this study suggests for the future research to take in consideration of the self-efficacy of the children of migrant workers those who let at home.

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